

070594

PRINTED: 08/23/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/27/2015
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 5		STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD MAXTON, NC 28354			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LAC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 000	Initial Comments This report is of a biennial construction survey done by Bob Getchell on May 27, 2015 This facility was first licensed as a Family Care Home for six (6) ambulatory Residents on June 8, 2002. Based on this we are requiring the home to be in compliance with the 1982 and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, the 1987 North Carolina Uniform Residential Building Code, and, the 1985 (1999 Revision) North Carolina State Building Code - Section 119.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction.	C 000			
C 101	Existing Licensed-Not Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost.	C 101			

CONSTRUCTION SECTION
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Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X6) DATE

7/1/15

Division of Health Service Regulation

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by not having guard rails on both sides of all Exit steps. Findings include: a) The side Exit steps have only one guard rail b) The back Exit steps have only one guard rail.	C 101	Guard rails placed on both side of exit steps for pt safety	7/20/15	
C 112	Construction-Res. Areas Same Floor Level SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having floors that are not on the same level, and inadequate ramps. This would affect the residents by not allowing safe egress in an emergency. Findings include: Ramps to transition the uneven floors are inadequate in the following locations: a) Ramp from kitchen to Living Room, is barely a foot long, yet rises about 5 inches to the kitchen. b) Ramp from kitchen to corridor is about 6 inches long, yet it rises about 4 inches and has no handrails. The corridor bathroom floor drops 3 inches at the toilet and tub area, yet no ramp or handrails are provided.	C 112		handrails placed to kitchen/corridor area and in bathroom for pt safety	7/20/15

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C 142	Continued From page 3 This would affect all residents by not having adequate illumination to egress the building in an emergency. Findings include: The corridor has no night lights to provide illumination.	C 142	Corridor hall light will remain on during night to provide adequate lighting in case of an emergency	7/20/15	
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10	C 168			
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND	C 169	Monthly inspections of fire extinguishers will be done by staff. And monitored by Admin/SLC - monthly to ensure compliance	7/20/15	

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C 169	Continued From page 4 DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not installed in accordance with the Licensure Rules and Building Code in effect when the facility was initially licensed. This would affect all residents by not detecting smoke, activating the fire alarm, and directing residents from the building. Findings include: The smoke detectors in the bedrooms are not sounding when smoke is released.	C 169	Smoke detectors replaced and checked by county fire marshall since state inspection and in compliance		7/20/15
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.	C 174			

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C 174	Continued From page 5 This Rule is not met as evidenced by: 1. Based on observation, the building electrical equipment was not installed in accordance with the Licensure Rules and Building Codes in effect when the facility was initially licensed. This would affect all residents by exposure to a shock hazard. Findings include: a. One of the outlets to the left of the stove, serving the kitchen countertop is not GFCI protected. 2. Based on observation, the building mechanical exhaust equipment was not maintained operating in accordance with the Licensure Rules and Building Code in effect when the facility was initially licensed. This would affect all residents by not providing removal of exhaust. Findings include: a. There is a damaged back draft damper on the left side of the house. 3. Based on observation, egress from all areas was not maintained in a safe manner by having bedroom windows that will not remain open or are stuck shut. This would affect the residents by not allowing free egress in an emergency. Findings include: The windows are stuck shut or will not stay open in Bedroom 6. 4. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely and latch in order to contain smoke and fire. This could affect all residents by not containing smoke or fire in the	C 174	outlet replaced with GFCI. back draft damper repaired Window opens and stays open to allow for pt safety	7/20/15 7/20/15	

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C 177	Continued From page 7 (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Based on observation, the building hot water supply was not maintained in a safe manner in accordance with the Licensure Rules and Building Code in effect when the facility was initially licensed. This would affect all residents by not protecting them from a scald hazard. Findings include: a. The hot water tested at 124 degrees F.	C 177	hot water heater adjusted - water temps in compliance	5/27/15	

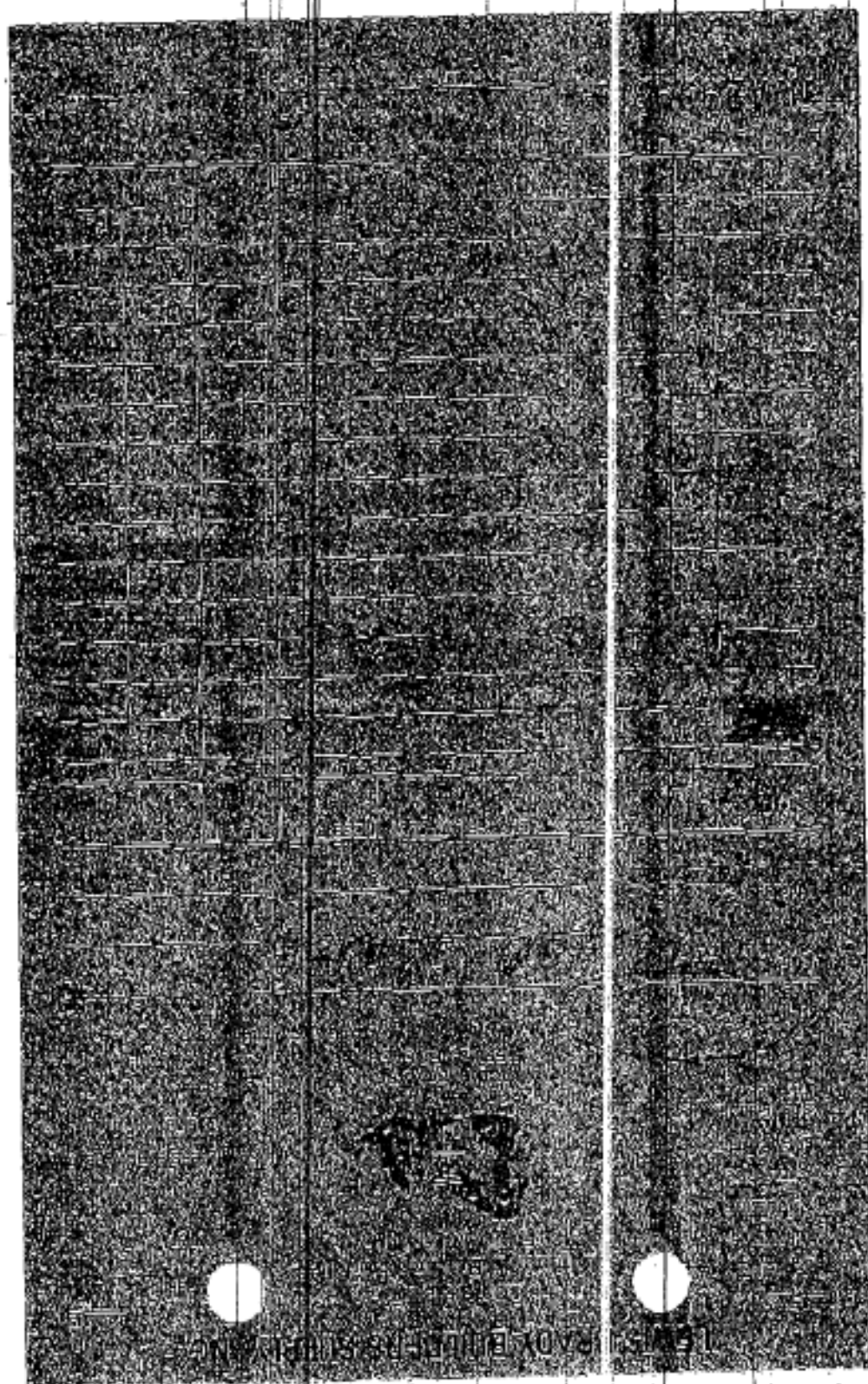
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